

(4)

2/17/1

EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE _____ FOR THE FOLLOWING REASON:
(Date)

8 MAY 1951

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, Zone, State)

INSTRUCTIONS

Items 1 thru 7 } The initiating office should fill in each of the referenced items.
and }
Items 9 thru 18a } - Items 3 thru 7 and 9 thru 18 require information which pertains only
to the action requested, and NOT to the current status of the em-
ployee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

Regular	Summer	WAE
Part Time	Detail Out	Consultant
Temporary	Detail In	Military
Temporary - Part Time		

Item 9 - "Organizational Designations" should show all levels of organization pertinent to identifying the location of the position:

FIRST LINE
 Major Component (Director, Deputy Director, etc.)
 Office, Major Staff, etc.
 Division or Staff (subordinate to first line)
 Branch
 Section
 Unit

Item 11 - "Position Title" should reflect the standard abbreviated title given in the most current edition of the Position Control Register or reported on Form 261, Staffing Complement Change Authorization.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the gaining Career Service should approve and the other Career Service should concur in Item 18, Remarks.

ROUTING - The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 30 April 1963	
1. SERIAL NUMBER 559090		2. NAME (Last-First-Middle) CHRIST, DAVID L.									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT & CHANGE OF SERVICE DESIGNATION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR		5. CATEGORY OF EMPLOYMENT REGULAR				
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 3125-1990-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP/TSD Development Complement					10. LOCATION OF OFFICIAL STATION Washington, D. C.						
11. POSITION TITLE PHYSICAL SCIEN					12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 1301.07		16. GRADE AND STEP 16 (3)		17. SALARY OR RATE 17,000				
18. REMARKS FROM: IAS Foreign Field Undetermined. <div style="display: flex; justify-content: space-between;"> <div> RETURN TO CIA Background Use Only Do Not Reproduce </div> <div> Date 16 MAY 1963 Security Approval has been granted for the use contemplated by this request <i>[Signature]</i> Chief, Personnel Security Division </div> </div>											
18A. SIGNATURE OF REQUESTING OFFICIAL (JAMES R. SHIELDS)					DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER (JAMES R. SHIELDS) TSD/CMO		DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HODTRS. CODE	25. DATE OF BIRTH MO. DA. YR.		26. DATE OF GRADE MO. DA. YR.		
28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - CSC 3 - FICA 5 - NONE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.	
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT. 2 - 10 PT.		36. SERV. COMP. DATE MO. DA. YR.		37. LONG. COMP. DATE MO. DA. YR.		38. MIL. SERV. CREDIT/LCD 1 - YES 2 - NO		39. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS 1 - YES 2 - NO		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMP. 1 - YES 2 - NO			
45. POSITION CONTROL CERTIFICATION						46. O.P. APPROVAL				DATE APPROVED	

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SECRET